

Summary of Benefits

Maricopa County and City of Apache Junction

January 1, 2008 – December 31, 2008



No Premium Plus Comprehensive Part D Coverage for 2008



CIGNA Medicare

Select Plus RxSM

Medicare Advantage HMO Medical Plan
with Part D Prescription Drug Benefits

(Formerly CIGNA HealthCare for Seniors Platinum Plan)



CIGNA HealthCare
of Arizona

Introduction to the Summary of Benefits for CIGNA Medicare Select Plus RxSM

January 1, 2008 – December 31, 2008

Thank you for your interest in the CIGNA Medicare Select Plus Rx plan.

Our plan is offered by CIGNA HealthCare of Arizona, Inc., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CIGNA Medicare Select Plus Rx and ask for the "Evidence of Coverage."



For more information about Medicare, please call Medicare at 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CIGNA Medicare Select Plus Rx. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call CIGNA Medicare Select Plus Rx at the telephone number listed at the end of this introduction or 1.800.MEDICARE (1.800.633.4227) for more information. TTY users should call 1.877.486.2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare CIGNA Medicare Select Plus Rx and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is CIGNA Medicare Select Plus Rx available?

The service area for this plan includes: Maricopa County and the city of Apache Junction, AZ. You must live in one of these areas to join the plan.

Who is eligible to join CIGNA Medicare Select Plus Rx?

You can join the CIGNA Medicare Select Plus Rx plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in the CIGNA Medicare Select Plus Rx plan unless they are a member of our organization and have been since their dialysis began.

Can I choose my doctors?

CIGNA Medicare Select Plus Rx has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.cignamedicare.com. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither CIGNA HealthCare of Arizona nor the Original Medicare Plan will pay for these services.

Does this plan cover Medicare Part B or Part D drugs?

CIGNA Medicare Select Plus Rx does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I get my prescriptions if I join this plan?

CIGNA Medicare Select Plus Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.cignamedicare.com. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

CIGNA Medicare Select Plus Rx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at www.cignamedicare.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your costs at the

pharmacy will be lower. When you join CIGNA Medicare Select Plus Rx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1.800.MEDICARE (1.800.633.4227), TTY users should call 1.877.486.2048. You can call this number 24 hours a day, 7 days a week.

What are my protections under this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the CIGNA Medicare Select Plus Rx plan, you have the right to request a prescription drug coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your

exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

Contact CIGNA Medicare Select Plus Rx for more details.



Please call CIGNA Medicare Select Plus Rx for more information about this plan, including the times of year when you can join or leave the plan. Visit us at www.cignamedicare.com, or call us.

Member Services Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. – 8 p.m. MST

Current members should call **1.800.627.7534** or TTY **1.800.987.8816** for questions related to the Medicare Advantage or Medicare Part D Prescription Drug Programs.

Prospective members should call **1.800.592.9231** or TTY **1.800.987.8816** for questions related to the Medicare Advantage or Medicare Part D Prescription Drug Programs.

Monday – Friday, 8 a.m. – 5 p.m.

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CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
Important Information 1 – Premium and Other Important Information	<p>You pay the Medicare Part B premium of \$96.40 each month.</p>	<p>You pay \$0 each month.</p> <p>You also continue to pay the Medicare Part B premium of \$96.40 each month.</p>
<p>Most people will pay the standard Part B premium. However, starting January 1, 2008, some people will have to pay a higher premium because of their yearly income (over \$82,000 for singles, \$164,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1.800.772.1213. TTY users should call 1.800.325.0778.</p>		
	<p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>Unless otherwise noted, out-of-network services are not covered.</p>
2 – Doctor and Hospital Choice (For more information, see Emergency – #15 and Urgently Needed Care – #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>You must go to network doctors, specialists and hospitals.</p> <p>You need a referral to go to network specialists for certain services.</p> <p>A separate doctor office visit copayment may apply for certain services.</p> <p>See page 25 for additional information about Doctor and Hospital Choice.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
<p>Inpatient Care</p> <p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>You pay for each benefit period :</p> <p>Days 1 – 60: an initial deductible of \$1,024</p> <p>Days 61 – 90: \$256 each day.</p> <p>Days 91 – 150: \$512 each lifetime reserve day.</p> <p>Please call 1.800.MEDICARE (1.800.633.4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>You pay :</p> <p>a \$200 copay or 20% of the cost for each Medicare-covered stay.</p> <p>20% coinsurance for medically-needed bariatric surgery for morbid obesity.</p> <p>There is no copayment for additional days received at a network hospital.</p> <p>You are covered for unlimited days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 25 for additional information about Inpatient Care.</p>

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Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
4 – Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (on previous page) except Medicare beneficiaries may only receive 190 days in a psychiatric hospital.	You pay a \$876 copay for each Medicare-covered stay in a network hospital. Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay for each benefit period, following at least a 3-day covered hospital stay: Days 1 – 20: \$0 for each day. Days 21 – 100: \$128 for each day. There is a limit of 100 days for each benefit period.	You pay: a \$0 copay each day for day(s) 1 – 20 a \$100 copay each day for day(s) 21 – 100 for a stay in a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details. See page 26 for additional information about Skilled Nursing Facilities.
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.

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CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
Outpatient Care 8 – Doctor Office Visits	20% coinsurance.	<p>You pay a \$0 copay for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay a \$20 to \$30 copay or 20% of the cost for each specialist visit for Medicare-covered benefits.</p> <p>You pay 20% coinsurance for specialist visits related to bariatric surgery for morbid obesity.</p> <p>See 33 – Routine Physical Exams for more information.</p>
9 – Chiropractic Services	<p>20% coinsurance for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers.</p> <p>Routine care not covered.</p>	<p>You pay a \$20 to \$30 copay for each Medicare-covered visit (manual manipulation of the spine to correct a displacement or misalignment of a joint or body part).</p> <p>You pay a \$20 to \$30 copay for each routine visit up to 12 visits every year.</p> <p>Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.</p> <p>See page 27 for more information about Chiropractic Services.</p>
10 – Podiatry Services	<p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>Routine care not covered.</p>	<p>You pay a \$0 to \$30 copay for each Medicare-covered visit (medically necessary foot care).</p> <p>You pay a \$0 to \$30 copay for each routine visit.</p> <p>See page 27 for more information about Podiatry Services.</p>
11 – Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	For Medicare-covered Mental Health services, you pay a \$30 copay for each individual/group therapy visit.
12 – Outpatient Substance Abuse Care	20% coinsurance.	For Medicare-covered services, you pay a \$30 copay for each individual/group visit.

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Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
13 – Outpatient Services/ Surgery	20% coinsurance for the doctor. 20% of outpatient facility.	You pay a \$100 to \$150 copay for each Medicare-covered visit to an ambulatory surgical center. You pay a \$30 to \$150 copay for each Medicare-covered visit to an outpatient hospital facility. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details. See page 28 for additional information about Outpatient Services.
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance.	You pay a \$100 copay for Medicare-covered ambulance services. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.
15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	You pay a \$50 copay for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 24 hours for the same condition. Worldwide coverage. See page 26 for additional information about Emergency Care.
16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance or a set copay. NOT covered outside the U.S. except under limited circumstances.	You pay a \$25 copay for each Medicare-covered urgently needed care visit; you do not pay this amount if you are admitted to the hospital within 24 hours for the same condition. See page 26 for additional information about Urgently Needed Care.

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Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy.)	20% coinsurance.	You pay a \$30 copay for each Medicare-covered Occupational Therapy visit. You pay a \$30 copay for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.
Outpatient Medical Services and Supplies 18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	You pay 0% to 20% of the cost for each Medicare-covered item. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details. See page 28 for additional information about Durable Medical Equipment.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	There is no copayment for Medicare-covered items. Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.
20 – Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	20% coinsurance.	There is no copayment for Part B diabetes supply items. You pay a \$0 copay for Medicare-covered Diabetes Self-Monitoring Training. You pay a \$0 copay for Nutrition Therapy for Diabetes. See page 28 for additional information about Diabetes Self-Monitoring Training and Supplies.

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CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
21 – Diagnostic Tests, X-rays, and Lab Services	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>There is no copayment for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvements Amendment (CLIA)-certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>You pay:</p> <ul style="list-style-type: none"> a \$0 copay for Medicare-covered lab services. a \$0 copay for Medicare-covered diagnostic procedures and tests. a \$0 copay for Medicare-covered X-rays. a \$0 to \$150 copay for Medicare-covered diagnostic radiology services. a \$30 copay for Medicare-covered therapeutic radiology services. <p>Authorization rules may apply. Please contact CIGNA Medicare Select Plus Rx for details.</p> <p>See page 27 for additional information about Diagnostic Tests, X-rays and Lab Services.</p>
Preventive Services 22 – Bone Mass Measurement (for people with Medicare who are at risk)	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>You pay a \$0 to \$30 copay for each Medicare-covered Bone Mass Measurement.</p> <p>See page 28 for additional information about Bone Mass Measurement.</p>
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	<p>20% coinsurance.</p> <p>Covered when you are high-risk or when you are age 50 and older.</p>	<p>You pay a \$0 to \$150 copay for each Medicare-covered Colorectal Screening exam.</p> <p>See page 28 for additional information about Colorectal Screening Exams.</p>

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CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.</p>	<p>There is no copayment for the Pneumonia and Flu vaccines.</p> <p>No referral necessary for the Pneumonia and Flu vaccines at a network provider.</p> <p>There is no copayment for the Hepatitis B vaccine.</p> <p>See page 29 for additional information about Immunizations.</p>
25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>20% coinsurance.</p> <p>No referral necessary for Medicare-covered screenings.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>There is no copayment for Medicare-covered Screening Mammograms.</p>
26 – Pap Smears and Pelvic Exams (for women with Medicare)	<p>There is no copayment for a Pap Smear once every 2 years, annually for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>You pay:</p> <p>a \$0 copay for each Medicare-covered Pap Smear.</p> <p>a \$0 copay for each additional Pap Smear up to 1 Pap Smear every year.</p> <p>a \$0 copay for each Medicare-covered Pelvic Exam.</p> <p>a \$0 copay for each additional Pelvic Exam up to 1 Pelvic Exam every year.</p> <p>Office visit copayment applies for Pap Smears and Pelvic Exams.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	There is no copayment for Medicare-covered Prostate Cancer Screening Exams.
28 – ESRD	20% coinsurance for dialysis.	You pay: a \$30 copay for in-area dialysis. a \$50 copay for out-of-area dialysis. a \$0 copay for Nutrition Therapy for Renal Disease.

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
<p>29 – Outpatient Prescription Drugs</p> <p>Drugs covered under Medicare Part B (Original Medicare)</p> <p>Drugs covered under Medicare Part D (Prescription Drug Benefit)</p>	<p>Most drugs not covered. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.</p>	<p>You pay 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>0% of the cost for Part B-covered chemotherapy drugs.</p> <p>This plan uses a formulary.</p> <p>We will send a formulary to you and you can see our complete formulary on our web site at www.cignamedicare.com.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> – Have limited incomes, – Live in long-term care facilities, or – Have access to Indian/Tribal/Urban (Indian Health Services). <p>Your in-network prescription coverage is limited to the Plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact CIGNA Medicare Select Plus Rx for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and CIGNA Medicare Select Plus Rx. We may require you to first try one drug to treat your condition before we will cover another drug for that condition. Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CIGNA Medicare Select Plus Rx for certain drugs.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
29 – Outpatient Prescription Drugs (continued)		<p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>
Deductible		There is no deductible.
Initial Coverage		Before the total yearly drug costs (paid by both you and CIGNA) reach \$2,510, you pay the following for prescription drugs:
<i>Retail Pharmacy</i>		<p>\$5 copay for a one-month (30-day) supply of Tier 1 drugs at a CIGNA Medical Group (CMG) pharmacy.</p> <p>\$15 copay for a three-month (90-day) supply of Tier 1 drugs at a CMG pharmacy.</p> <p>\$25 copay for a one-month (30-day) supply of Tier 2 drugs at a CMG pharmacy.</p> <p>\$75 copay for a three-month (90-day) supply of Tier 2 drugs at a CMG pharmacy.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 3 drugs at a CMG pharmacy.</p> <p>\$135 copay for a three-month (90-day) supply of Tier 3 drugs at a CMG pharmacy.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 4 drugs at a CMG pharmacy.</p> <p>\$135 copay for a three-month (90-day) supply of Tier 4 drugs at a CMG pharmacy.</p>

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2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
<p>29 – Outpatient Prescription Drugs (continued)</p> <p>Coverage Gap</p> <p><i>Retail Pharmacy</i></p>		<p>You pay the following:</p> <p>This plan covers all generics through the gap.</p> <p>\$5 copay for a one-month (30-day) supply of Tier 1 drugs at a CIGNA Medical Group (CMG) pharmacy.</p> <p>\$15 copay for a three-month (90-day) supply of Tier 1 drugs at a CMG pharmacy.</p> <p>\$25 copay for a one-month (30-day) supply of selected Tier 2 drugs at a CMG pharmacy.</p> <p>\$75 copay for a three-month (90-day) supply of selected Tier 2 drugs at a CMG pharmacy.</p> <p>\$45 copay for a one-month (30-day) supply of selected Tier 3 drugs at a CMG pharmacy.</p> <p>\$135 copay for a three-month (90-day) supply of selected Tier 3 drugs at a CMG pharmacy.</p> <p>\$45 copay for a one-month (30-day) supply of selected Tier 4 drugs at a CMG pharmacy.</p> <p>\$135 copay for a three-month (90-day) supply of selected Tier 4 drugs at a CMG pharmacy.</p>

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2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
<p>29 – Outpatient Prescription Drugs (continued)</p> <p>Coverage Gap</p> <p><i>Long-Term Care Pharmacy</i></p> <p><i>Mail Order</i></p>		<p>You pay the following:</p> <p>This plan covers all generics through the gap.</p> <p>\$5 copay for a one-month (31-day) supply of selected Tier 1 drugs.</p> <p>\$25 copay for a one-month (31-day) supply of selected Tier 2 drugs.</p> <p>\$45 copay for a one-month (31-day) supply of selected Tier 3 drugs.</p> <p>\$45 copay for a one-month (31-day) supply of selected Tier 4 drugs.</p> <p>\$5 copay for a one-month (30-day) supply of Tier 1 generic drugs.</p> <p>\$15 copay for a three-month (90-day) supply of Tier 1 generic drugs.</p> <p>\$25 copay for a one-month (30-day) supply of Tier 2 generic drugs.</p> <p>\$75 copay for a three-month (90-day) supply of Tier 2 generic drugs.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 3 generic drugs.</p> <p>\$135 copay for a three-month (90-day) supply of Tier 3 generic drugs.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 4 generic drugs.</p> <p>\$135 copay for a three-month (90-day) supply of Tier 4 generic drugs.</p> <p>Please contact CIGNA Medicare Select Plus Rx for a complete list of drugs covered through the gap.</p>

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CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
29 – Outpatient Prescription Drugs (continued) Out-of-Network <i>Coverage Gap</i>		<p>You pay the following:</p> <p>\$5 copay for a one-month (30-day) supply of Tier 1 generic drugs.</p> <p>\$25 copay for a one-month (30-day) supply of Tier 2 generic drugs.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 3 generic drugs.</p> <p>\$45 copay for a one-month (30-day) supply of Tier 4 generic drugs.</p>
Out-of-Network <i>Catastrophic Coverage</i>		<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none">– \$2.25 copay for generic (including brand-name drugs treated as generic) and \$5.60 copay for all other drugs, or– 5% coinsurance. <p>See page 30 for additional information about Outpatient Prescription Drugs.</p>
30 – Dental Services	Preventive dental services (such as cleanings) are not covered.	<p>In general, preventive dental services (such as cleanings) are not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits”).</p> <p>You pay:</p> <p>\$30 for Medicare-covered dental benefits.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
31 – Hearing Services	<p>Routine hearing exams and hearing aids are not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>There is no copayment for hearing aids.</p> <p>You pay:</p> <p>\$0 to \$30 copay for each Medicare-covered hearing exam (diagnostic hearing exams).</p> <p>\$0 copay for each routine hearing test up to one each year.</p> <p>\$0 copay for each fitting-evaluation for a hearing aid.</p> <p>You are covered up to \$200 for hearing aids every year.</p> <p>See page 29 for additional information about Hearing Services.</p>
32 – Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings.</p> <p>You pay 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses are not covered.</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eyewear (one pair of eyeglasses or contact lenses after each cataract surgery).</p> <p>Glasses, limited to 1 pair of glasses every year .</p> <p>Contacts, limited to 1 pair of contacts every year.</p> <p>You pay:</p> <p>\$0 to \$30 copay for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>\$0 to \$30 copay for each Routine eye exam, limited to 1 exam every year.</p> <p>You are covered up to \$50 for eyewear every year.</p> <p>See page 29 for additional information about Vision Services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
33 – Routine Physical Exams	<p>When you get Medicare Part B, you can get a one-time physical exam within the first six months of your new Part B coverage. The coverage does not include lab tests.</p> <p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage.</p>	<p>You pay \$0 to \$30 for Medicare-covered benefits.</p> <p>You pay \$0 to \$30 for each exam performed by your PCP.</p> <p>You are covered up to 1 exam every year.</p> <p>See page 27 for more information about Routine Physical Exams.</p>
Health/Wellness Education	Not covered.	<p>This plan covers:</p> <ul style="list-style-type: none"> – Health Education Classes – Written health education materials including: <ul style="list-style-type: none"> – Newsletter – Nutritional Training – Nursing Hotline – Other Wellness Services

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).

2008 Summary of Benefits

CIGNA Medicare Select Plus Rx

Benefits Category	Original Medicare	CIGNA Medicare Select Plus Rx
<p>Optional Supplemental Package</p> <p>Premium and Other Important Information</p> <p>Dental Services</p>		<p>Package: 1</p> <p>Preventive and Comprehensive Dental Benefits.</p> <p>You pay \$15 each month in addition to the Medicare Part B premium of \$96.40 for these optional benefits:</p> <ul style="list-style-type: none"> – Dental Services. <p>You pay:</p> <ul style="list-style-type: none"> – \$0 for each oral exam. – \$5 for each cleaning up to 1 visit every six months. – \$5 to \$10 for dental X-rays up to 1 visit every six months. <p>Additional comprehensive dental benefits are available. Contact CIGNA Medicare Select Plus Rx for details.</p> <p>See page 31 for additional information about Dental Services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1.800.627.7534 (for current members) and 1.800.592.9231 (for prospective members).



Golden Vitality is a comprehensive wellness program that promotes a balance of physical, emotional, social, spiritual and intellectual well-being. The program includes health education classes, exercise and fitness programs and opportunities to earn rewards for adding small amounts of exercise to your day. To register for the program, just call CIGNA Medicare Select Plus Rx at 602.861.8170, Monday – Friday, 8:00 a.m. – 5:00 p.m., or email us at goldenvitality@cigna.com.

Premium and Other Important Information

There's **no monthly plan premium** for CIGNA Medicare Select Plus Rx plan members.

Doctor and Hospital Choice

CIGNA Medicare Select Plus Rx members must use doctors, hospitals and specialty providers within the CIGNA Medicare Select Plus Rx network. The hospitals and specialists you use will depend upon the CIGNA Health Care Center where your Primary Care Physician (PCP) is located. If the specialty service you require is not available at a CIGNA Health Care Center, your physician will help you select a contracted specialist in your area.

Choosing a Primary Care Physician

Members choose their Primary Care Physician from the CIGNA Medical Group (CMG) physicians located at our CIGNA Health Care Centers in the Phoenix metropolitan area. Wickenburg members may choose a CMG Primary Care Physician or a contracted provider in the Wickenburg area. If you obtain routine care from out-of-plan providers, neither Medicare nor CIGNA Medicare Select Plus Rx will be responsible for the cost.

Inpatient Hospital Care

CIGNA Medicare Select Plus Rx covers you for inpatient hospital services authorized by CIGNA HealthCare or your Primary Care Physician.

BENEFIT	IN-AREA/ IN-NETWORK	OUT-OF-AREA/ OUT-OF-NETWORK
Acute Inpatient Hospital admissions	\$200/admission	\$200/admission
Psychiatric Hospital admissions or admissions to the psychiatric wing of an Acute Care Hospital	\$876/admission	\$876/admission

The Inpatient Hospital copayment applies to each hospital admission regardless of frequency or diagnosis. CIGNA HealthCare does not use benefit periods for inpatient hospital services. Admissions for medically-necessary Gastric Bypass surgery require a 20% coinsurance for the total cost of the surgery and stay. Refer to your Evidence of Coverage for more information on criteria for this procedure.

Skilled Nursing Facilities (SNF)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
SNF Stay Days 0-20	\$0 per day	\$100 per day
SNF Stay Days 21-100	\$100 per day	\$100 per day

Sun City Network

Specialty Care/Inpatient Care/Skilled Nursing Facilities

If your Primary Care Physician is located at the CIGNA Medical Group Sun City or Sun City West Health Care Centers, you must use specialist providers, Hospital Services and Skilled Nursing Facilities in the Sun City area network in order for your care to be covered by CIGNA Medicare Select Plus Rx. Your Primary Care Physician will refer you to a specialist provider at the Sun City or Sun City West Health Care Centers, or to a contracted provider within the Sun City area specialist provider network. Refer to your Evidence of Coverage for more details about the Hospital and Specialty network.

Long-term Care Facilities

CIGNA Medicare Select Plus Rx provides health care services through the INSPIRIS provider network for members residing in certain long-term care facilities. If you reside in one of these long-term care facilities, you will be assigned to the INSPIRIS network. Please refer to your Evidence of Coverage for more details about the INSPIRIS network.

Emergency and Urgent Care

BENEFIT	YOU PAY
Emergency Room	\$50 per visit
Urgent Care – CIGNA Medical Group or Contracted Facility	\$0 per visit
Urgent Care – Out-of-Network or Out-of-Area	\$25 per visit

Emergency services are covered 24 hours a day regardless of where you are ... even outside the U.S. (payment may be required at time of service). If you are admitted to a hospital or Skilled Nursing Facility within 24 hours of your emergency room visit, the emergency room and urgent care copayment will be waived, however, you are responsible for the Inpatient Hospital copayment. See Inpatient Hospital Care for more information about hospital admission copayments.

Office Visits

BENEFIT	CIGNA MEDICAL GROUP	CONTRACTED PROVIDER
Primary Care Physician *	\$0 per visit	NA*
Specialist	\$20 per visit	\$30 per visit
Specialist consult for Bariatric Surgery for Morbid Obesity	20% of the cost of the visit	20% of the cost of the visit
Chiropractic Services – Medicare-Covered	\$20 per visit	\$20 per visit
Chiropractic Services – Routine (12 annual visits)	\$20 per visit	\$20 per visit
Podiatry Services – Podiatrist	\$20 per visit	\$30 per visit
Podiatry Services – Nail Technician	\$0 per visit	\$30 per visit
Annual Routine Physical Exam (includes Well-Woman visits)	\$0	\$30
Electronic Visits (see page 31 for more details)	\$0	Not Covered

*Members in the Wickenburg area may select a network PCP.

The copays above also apply to office visits to a nurse or medical technician.

Diagnostic Tests, X-rays and Lab Services

BENEFIT	CIGNA MEDICAL GROUP	CONTRACTED PROVIDER
<ul style="list-style-type: none"> ■ Routine or standard X-ray studies ■ Lab services ■ Mammography (referrals not required if in-network) ■ EKG/ECG ■ Oximetry ■ Pacemaker checks & programming ■ Threshold checks 	\$0 per visit	\$0 per visit
<ul style="list-style-type: none"> ■ Blood gas ■ Pulmonary function ■ Fluoroscopic exams & intravenous pyelogram ■ Holter monitor ■ Ultrasound ■ Non-cardiac nuclear medicine studies & imaging ■ Routine stress test ■ Radiological visits not otherwise specified ■ Radiation Therapy (not available at CMG Health Care Centers) 	\$20 per visit	\$30 per visit
<ul style="list-style-type: none"> ■ MRI ■ MRA ■ CT Scan ■ PET Scan ■ Cardiac nuclear medicine studies & imaging 	\$150 per visit	\$150 per visit

Outpatient Services

BENEFIT	YOU PAY
Outpatient Surgery – CIGNA Medical Group	\$100 per visit
Outpatient Surgery – Contracted Facilities	\$150 per visit
Non-surgical hospital outpatient visit	\$30 per visit
Renal Dialysis – Contracted Facilities	\$30 per visit
Renal Dialysis – Out-of-Area	\$50 per visit

Durable Medical Equipment (DME)

BENEFIT	YOU PAY
DME	\$0
Scooters, Motorized Wheelchairs, Power Operated Vehicles, and Air Fluidized Beds	20% coinsurance (coinsurance also applies to non-warranty repair and maintenance)
Prosthetic Devices and Ostomy Supplies	\$0

Diabetes Self-Monitoring Training and Supplies

BENEFIT	YOU PAY
One-on-One Counseling Session with a Diabetic Educator or Nutritional Therapist	\$0
Nutritional Training Classes	\$0
Glucose Monitors and Part B Diabetic Supplies*	\$0

* The glucose monitor and diabetic supplies must be obtained at a CIGNA Medical Group pharmacy.

Bone Mass Measurement

BENEFIT	CIGNA MEDICAL GROUP	CONTRACTED PROVIDER
Peripheral DEXA Scan	\$0	\$0
Axial DEXA Scan	\$0	\$30

Colorectal Screening Exams

BENEFIT	CIGNA MEDICAL GROUP	CONTRACTED PROVIDER
Fecal Occult Blood Test	\$0 PCP/\$20 Specialist	\$30
Barium Enema	\$20 Specialist	\$30
Sigmoidoscopy	\$20 Specialist	\$30
Colonoscopy (includes diagnostic)	\$100	\$150

Immunizations and Injections

BENEFIT	CIGNA MEDICAL GROUP	CONTRACTED PROVIDER
Flu Shots	\$0	\$0
Pneumococcal Vaccine	\$0	\$0
Medically-Needed Hepatitis B Shots	\$0	\$0
Medically-Needed Injections – PCP	\$0	NA
Medically-Needed Injections – Specialist Office	\$20	\$30

Referrals are not required for Flu and Pneumococcal (pneumonia) vaccines if you use an in-network provider. Immunizations for travel are not covered. If the pneumococcal vaccine is administered during an office visit when other medical services are also rendered, the applicable office visit copayment will apply for that visit.

Vision Services

BENEFIT	CIGNA VISION CENTER	CONTRACTED PROVIDER
Annual Routine Vision Exam	\$0	Not Covered
Medically-Needed Vision Exam	\$0	\$30

You receive a \$50 allowance each year for glasses or contact lenses purchased from any CIGNA Vision Center. You'll also receive a 20% discount on the purchase of a second pair of eyeglasses. Refer to your Evidence of Coverage for more information on medically-necessary eyewear.

Hearing Services

BENEFIT	CIGNA HEARING CENTER	CONTRACTED PROVIDER
Annual Routine Hearing Exam	\$0	Not Covered
Medically-Needed Hearing Exam (diagnostic)	\$0	\$30
Hearing Aid Allowance per Hearing Aid	\$200	Not Covered
Hearing Aid Fitting	\$0	Not Covered

Hearing aids may only be obtained from a CIGNA Hearing Center. Please refer to your Evidence of Coverage for exclusions and limitations.

Outpatient Prescription Drugs

There is NO deductible for CIGNA Medicare Select Plus Rx members.

A summary of your costs for prescription drugs follows:

	CMG PHARMACIES*	TEL-DRUG (MAIL ORDER)
Tier 1 Prescription Drugs	\$5 copay for a 30-day supply	\$15 copay for a 90-day supply
Tier 2 Prescription Drugs	\$25 copay for a 30-day supply	\$75 copay for a 90-day supply
Tier 3 Prescription Drugs	\$45 copay for a 30-day supply	\$135 copay for a 90-day supply
Tier 4 Prescription Drugs	\$45 copay for a 30-day supply	\$135 copay for a 90-day supply

******\$2,510 Initial Coverage Limit******

After the total yearly drug costs (paid by both you and CIGNA) reach \$2,510, you will continue to pay only a copay for generic drugs and 100% of the cost of brand-name drugs through the coverage gap or until your yearly out-of-pocket drug costs reach \$4,050.

Please note: You are covered for unlimited generic drugs even after you reach the \$2,510 initial coverage limit (subject to the applicable tier copay per prescription).

Once YOUR out-of-pocket costs for prescription drugs reach \$4,050, you pay the following:

	CMG PHARMACIES*	TEL-DRUG (MAIL ORDER)
Generic Prescriptions	The greater of 5% of the cost of the drug or \$2.25 for a 30-day supply	The greater of 5% of the cost of the drug or \$2.25 for a 30-day supply
Brand-name Prescriptions	The greater of 5% of the cost of the drug or \$5.60 for a 30-day supply	The greater of 5% of the cost of the drug or \$5.60 for a 30-day supply

* Prescriptions can be filled at any of the CIGNA Medical Group Health Care Center pharmacies conveniently located throughout the Valley. Members in the Wickenburg area who have selected a Primary Care Physician contracted with CIGNA HealthCare can have their prescriptions filled at a CIGNA Health Care Center pharmacy or a contracted retail pharmacy in Wickenburg. For information regarding the CIGNA HealthCare formulary, contact Member Services at 1.800.627.7534 (TTY 1.800.987.8816), 7 days, 8 a.m. – 8 p.m. (a voicemail system is available on weekends and holidays).

The CIGNA Medicare Select Plus Rx Prescription Drug Plan is only available to CIGNA Medicare Select Plus Rx members. An individual already enrolled in a Medicare Advantage Prescription Drug Plan must receive their Medicare prescription drug benefits through that plan.

Out-of-Network Pharmacies

Under limited circumstances you may obtain up to a 30-day supply of your prescription drugs from out-of-network pharmacies. The following situations are the only times you will be able to obtain drugs from out-of-network pharmacies.

- 1) When you are traveling outside the CIGNA Medicare Select Plus Rx service area (within the United States) and you run out of or lose your prescription drug(s), or become ill and need a covered drug;
- 2) When you cannot obtain an emergent or urgently needed covered prescription drug in a timely manner;
- 3) When you reside in a long-term care facility and the contracted long-term care pharmacy does not participate in the CIGNA Medicare Select Plus Rx pharmacy network; and
- 4) When you must fill a prescription for a covered drug and that particular covered drug is not regularly stocked at accessible network retail or mail-order pharmacies.

Note: Drugs covered under Medicare Part B may not be obtained from an out-of-network pharmacy.

24-Hour-a-Day, 7 Day-a-Week Health Information

The CIGNA HealthCare 24-Hour Health Information LineSM is always open. Call any hour of the day or night, any day of the year, for helpful answers and reliable information on a wide range of health-related topics. Or call to listen to hundreds of recorded audio tapes from our Health Information Library. The toll-free number is 1-800-356-0665.

Preventive Services

CIGNA Medicare Select Plus Rx offers a variety of preventive services and health education classes. These include:

- Anticoagulation clinics – a medication management program for those who are being treated with anticoagulation medications.
- A care coordination and a case management program for high-risk patients.
- A home-based care program for select home-bound patients which delivers care by a provider in the home for select patients with serious illnesses.
- Health education classes which can improve balance, stress and health even in the face of chronic illness.
- *Golden Vitality* program – a combination of programs designed to promote optimal health through a balance of physical, emotional, social, spiritual, and intellectual well-being. For more information, call 602.861.8170 or email goldenvitality@cigna.com.

Dental Services

If you're interested in dental coverage, you can add dental benefits for just \$15 per month. Office visits are \$5, oral exams are free, and cleanings (every six months) are \$5. You'll pay \$5 for single X-rays and \$10 for complete series X-rays. Comprehensive dental benefits are also covered. See your Dental Member Charge Schedule for more information.

Relay Health

As a member of the CIGNA Medicare Select Plus Rx plan, you have access to Relay Health[®], a secure website that allows you to communicate with your CIGNA Medical Group doctor's office via the Web. The service allows you to schedule or cancel an appointment, request a prescription refill, view lab results, or send an email to your provider. The site also provides a library of health education topics for you to view. For more information, or to register for the Relay Health service, log on to www.cigna.com/cm gaz.com.

For more information about enrolling in the
CIGNA Medicare Select Plus Rx Plan,
call us toll-free at **1.800.592.9231** or TTY **1.800.987.8816**
Monday – Friday, 8 a.m. – 5 p.m. or email us at seniors@cigna.com

CIGNA Medicare Select Plus Rx Plan members
can address plan benefit questions to Member Services
at **1.800.627.7534** or TTY **1.800.987.8816**

Member Services Hours

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 a.m. – 8:00 p.m. MST

Or visit us on the web

www.cigna.com

www.cignamedicare.com



CIGNA HealthCare
of Arizona

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